

Commonwealth of Massachusetts Division of Professional Licensure

239 Causeway Street • Boston, Massachusetts 02114

<u>Board of State Examiners of Electricians</u> (617)727-9931, www.mass.gov/dpl/boards/el

Attach unmounted recognizable recent photograph in this space with face not less than 3/4 inches wide.

(Photograph taken more than six months prior to filing application is not accepted.)
(Do not use staples when attaching photograph.) Paste or cellophane tape may be used.

Application for Master Electricians License By Reciprocity

Application shall be printed in Ink and filled out by the Applicant

Date Received	
Date Accepted	
Certificate No	
Date of Issue	-

APPLICATION FEE \$270 (Non-refundable, Do Not Send Cash)

Print name	(Einst Name)	() f' 11	1. In:t: a1)		(Leat Name)	
Home Address	(First Name)		le Initial)		(Last Name)	
	(No. Street)	(City/Town	1)	(State)	(Zip code)	
Mail Adress	(No. Street)	(C:t/T		(54545)	(7: 4-)	
	(No. Street)	(City/Town	1)	(State)	(Zip code)	
Tel No		Birth date	Hei	ght	Weight	
Social Security	y No	F	ederal I.D.			
number to a	scertain whether you	are in compliance with	the tax laws of	the Common	will use your social securi wealth.	
Nature of Emp	oloyer's Business					
Your Duties as	s Employee					
Date Employment Started (From)		(mm/dd/	(mm/dd/yy) (to)		(mm/dd/yy)	
Former Emplo	oyers					
Nature of Emp	oloyer's Business					
Your Duties as	s Employee					
Dates of Empl	loyment (From)	(mm/dd/yy) (to)	(m	m/dd/yy)		
,	cation is to be filed in					
Business	(Please write exactly as it appears on Corporation Papers) Business Address					
	(No. Street Master Electrician	,	(city/town)	(state	(zip code)	
1,2,110 01 1		(Qualify Of	ficer)			

NOTE: COPIES OF ARTICLES OF ORGANIZATION AND FOREIGN CERTIFICATE MUST ACCOMPANY THIS APPLICATION TO DO BUSINESS IN MASSACHUSETTS.

 B) If application is to be filed in the name of a partnership, answer following in addition to reverse side: Name of Partnership 										
(Please write exactly as it appears on Partnership Agreement)										
•	Business Address		(· · / · · ·)	(, , ,)						
•	(No. Street Name of Master Electrician	· ·	(city/town)	(state)	(zip code)					
•	Name of Waster Electrolan	(Qua	alify Officer)							
NO	TE: A COPY OF THE PART!	NERSHIP AGREEN	MENT MUST ACCO	MPANY						
1.	List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.									
2.	Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):									
3.	Are you the subject of pending d	se a separate sheet if i	necessary):	on board located in the	United States or any country					
	Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary): Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or									
4.	Have you ever voluntarily surrer	ndered or resigned a r	professional license to	a licensing/certification	board in the United States or					
	any country or foreign jurisdiction	on? Yes No	0							
5.	Have you ever applied for and be No									
	If yes, please state the details (use a separate sheet if necessary):									
6.	Have you ever admitted to or be jurisdiction? Yes No The Board is certified by the Crimina	al History Systems Board	d [ID# MAREG G] to access	s data about convictions ar	nd pending criminal cases. Those					
	records—and other Federal and profu you will be given an opportunity for			licensing process. No rec	ords are automatic disqualifiers;					
8.	certificate as licensed master, in									
	and that he has complied with al			ins herein contained are	sulcity true in every respect					
	Sworn to before me this									
	dov. of	20	(Cool) a/	(Signature of A						
	day of	20	(Sear) s/	(Person Administering	Oath)					
trut Stat witl	ortify, under the pains and penaltic hful and accurate. I understand the te Examiners of Electricians to de th Massachusetts Law. I further at state tax returns and paid all state	hat the failure to proveny me the right to sit ttest that, pursuant to	ide accurate information as a candidate or to su M.G.L.c.62C, s. 49A.,	on my be grounds for the spend or revoke a licens	e Massachusetts Board of se issued to me in accordance					
Sig	nature)		Date:							
>>>	·>>>>>>>>	>>>>>>>	·>>>>>>>	>>>>>>>	>>>>>>					
_	plicants must apply for a <u>cer</u> plication. Required fee and o			<u>-</u>						
				For Office Use	Only					
Da	te			Fee Paid						
An	proved			rectaiu						
	sapproved			Receipt No						
Ex	ecutive Director/Designee									

Revised 05/31/06